Express Mail No.: EL993346151US
PATENT
Attorney Docket No.: ABC-00501

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name. I believe I am an original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND APPARATUS OF MAXIMIZING PACKET THROUGHPUT. The specification of which is attached hereto. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)				Priority Clair
rnoi roicigii Application(s)				Yes No
Number	Countr	у	Day/Month/Year Filed	
I hereby claim the benefit under Title 35 matter of each of the claims of this appl paragraph of Title 35, United States Coo Regulations, § 1.56(a) which occurred by application:	ication is not disclose de, § 112, I acknowled	d in the prior United Stat dge the duty to disclose m	es application in the manr naterial information as def	ner provided by the first fined in Title 37, Code of Fed
Application Serial No.	***************************************	Filing Date	Status: F	Patented, Pending, Abandone
I hereby claim the benefit under Title 35	, United States Code,	§ 119(e) of any United S	tates provisional applicati	ion(s) listed below:
60/449,332		February 21, 200	3	
Application Serial No.		Filing Date		
I hereby appoint the following as my att and Trademark Office in connection the		r of substitution to prosec	cute this application and tr	ransact all business in the Pat
Thomas B. Haverstock	32,571	Jonathan O. Owens	37,902	
Please direct all correspondence regarding	ng this application to	the following:		
Thomas B. Haver HAVERSTOCK of 162 North Wolfe Sunnyvale, Califo Customer Numb	& OWENS LLP Road omia 94086			
I hereby declare that all statements made believed to be true; and further that thes punishable by fine or imprisonment or b jeopardize the validity of the application	e statements were made oth, under Section 10	de with the knowledge th 01 of Title 18 of the Uni	at willful false statements	and the like so made are
Full Name of Sole Inventor: Ki Bong K	ang			
Inventor's Signature:	-	· · · · · · · · · · · · · · · · · · ·		Date
Residence: 3440 El Camino Real #212,	Santa Clara, CA 950	51		17aic
Citizenship: United States Post Office Address: 3440 El Camino F	Real #212, Santa Clara	a, CA 95051		